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EXAMINER

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COVER LETTER

TO:

Registration Section

Division of Co	rporations			
CUBIFCT.	LEAN COMPLIA	ANCE PARTNERS, LL	С	
SUBJECT:		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
		CYNTHIA JUNCOSA		20 2
		Name of Person		
	LEAN CO	MPLIANCE PARTNERS,	LLC	25
		Firm/Company		
		2730 SW 99 AVE		AN EN TO
		Address		
_		MIAMI FL 33165		
,		City/State and Zip Code		
		ANCOMPLIANCEPARTNE to be used for future annual report not		
For further information	concerning this matter, please	•	,	
· CYN'	THIA JUNCOSA	at (786)	417-1203	
Name of Person			me Telephone Number	r
Enclosed is a check for				
\$25.00 Filing Fee	▼\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	ite of Status &
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive O Tallahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEAN COMPLIANCE	PARTNERS	, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears	on our records.)	F: ()	
(A Florida Limited Li	ability Company)			e sous Same
		0.4.10.0.10.0.4.0		6 }
The Articles of Organization for this Limited Liability Company v	were filed on	01/30/2012		ned
Florida document number L12000013867			ြို့ခဲ့ တ	ţ.
i fortui document fidirioci				
				-
This amendment is submitted to amend the following:				****
			SM 5	
A. If amending name, enter the new name of the limited liabil	ity company here:	:	To	
mot applicable	1122JUN 201	12		
				
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company	y," the designation	"LLC" or the abl	breviation
L.L.C.				
Enter new principal offices address, if applicable:			_	
• • •	~1			
(Principal office address MUST BE A STREET ADDRESS)				
	100	olicable c3	22 JUN 201	ν
	000000000000000000000000000000000000000			
Enter new mailing address, if applicable:	2730 SW 99 A	VE		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 3310	65		
· ·				
		_		
B. If amending the registered agent and/or registered offi		ir records, <u>enter</u>	· the name of	the new
registered agent and/or the new registered office address here	•			
		_		
Name of New Registered Agent:	101 Applicable			
Name of New Registered Agent.			,	
New Registered Office Address:		ls 22 Jur	12012	
	Enter Florida street address			
	· · · · · · · · · · · · · · · · · · ·	, Florida _		
	City		Zip Code	
New Designary Agent's Signature if changing Designary				

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager '
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	FERGAL MCANDREW	950 BRICKELL BAY DRIVE SUITF 1911 MIAMI FL 33131	Add Remove
<u>MGRM</u>	DAVID CAMPO	1900 NORTH BAYSHORE DRIVE SUITE 1717 MIAMI FL 33132	☐ Add ☑ Remove
			Add Remove
		NOT APPLICA DLE 6322 JUN 2012	Add Remove
			RddRemove
			Add Remove
D. If amend	ling any other information, enter o	change(s) here: (Attach additional sheets, if necessa	ry.)
		rorapplicable CS 22JUN 2012	
Dated	JUNE 22 ,	2012 An C. JUNCOST 32 JUNE 201	D. C. B
	_	cember or authorized representative of a member CYNTHIA JUNCOSA Typed or printed name of signee	THE STATE OF THE S
		Page 2 of 2	
		Filing Fee: \$25.00	夏万 雅 (1)